

Approved OMB 1405-0134 Expires 07/31/2005 Estimated Burden 1 Hour*

U.S. Department of State SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

PLEASE TYPE OR PI PLEASE ATTACH AN ADDI	RINT YOUR ANSWERS IN ITIONAL SHEET IF YOU I			
1. Last Name(s) (List all Spellings)	2. First Name(s) (List &	nll Spellings)	3. Full Name //n	Native Alphabet)
4. Clan or Tribe Name (If Applicable)		5. Spouse's Full Name (If Married)		
6. Father's Full Name		7. Mother's Full Name		
8. Full Name and Address of Contact Person or Organization in the United		States (Include Telephone Number)		
9. List All Countries You have Entered in the Las	st Ten 10. List All C	ountries That Have Ever	Issued You a	11. Have You Ever Lost a
Years (Give the Year of Each Visit)		ort		Passport or Had One Stolen?
				Yes No
12. Not Including Current Employer, List Your La Name Address	ast Two Employers <u>Telephone No.</u>	Job Title Si	upervisor's Name	Dates of Employment
13. List all Professional, Social and Charitable O				r Training, Including Firearms,
You Belong (Belonged) or Contribute (Cor Work (Have Worked).	ntributed) or with Which		clear, Biological, or No If YES, p	Chemical Experience? lease
15. Have You Ever Performed Military Yes No If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.				
16. Have You Ever Been in an Armed Conflict, E	Either as a Participant or	Yes No	If YES, please ex	oplain.
17. List All Educational Institutions You Attend		ude Vocational Institution Course of S		
Name of Institution Address/Tele	<u>eprione ino</u> .	<u>Course or S</u>	<u>Luay</u>	<u>Dates of Attendance</u>
18. Have You Made Specific Travel	<u> </u>	please provide a compledeparture dates, flight information contact at each location	formation, specific	r travel, including location you will visit, and a
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*Dublic reporting burden for this collection of information i		duction Act Statement		victina data saurasa sautasis sis
*Public reporting burden for this collection of information in data, providing the information required, and reviewing the comments on the accuracy of this estimate of the burden a	e final collection. You do not	have to provide the informatio	n unless this collection	displays a currently valid OMB number